

HEALTH CARE ADVISORY BOARD

Meeting Summary
September 9, 2013

MEMBERS PRESENT

Marlene Blum, Chairman
Rose Chu, Vice Chairman
Bill Finerfrock, Vice Chairman
Dr. Tim Yarboro
Ann Zuvekas
Ellyn Crawford
Judith Beattie
Francine Jupiter
Rosanne Rodillo

STAFF

Sherryn Craig

GUESTS

John Deeken, MD, Inova Comprehensive Cancer & Research Institute (ICCRI), Inova Health System
Leeanne M. Sciolto, ICCRI, Inova Health System
Jennifer Siciliano, Inova Health System
Michael Forehand, Inova Health System
Tim Sampson, Walsh, Colucci, Lubeley, Emrich & Walsh
Cathy Belgin, Department of Planning and Zoning
Gloria Addo-Ayensu, MD, MPH, Health Department
Rosalyn Foroobar, Health Department
Chris Stevens, Health Department
Michelle Milgrim, Health Department

Call to Order

The meeting was called to order by Marlene Blum at 7:33 p.m.

June Meeting Summary

The minutes from the June 10 meeting were accepted as revised.

Resolution Honoring Christina Stevens

Marlene Blum, with unanimous consent from the HCAB, presented Chris Stevens, Director of the Community Health Care Network, with a resolution honoring her 32 years of service to the County and her impending retirement.

Consideration and Postponed Decision Regarding Inova Health System's Special Exception Application (SE 2013-PR-004) to Build the Inova Comprehensive Cancer & Research Institute (ICCRI)

Leeanne Sciolto, Director, ICCRI; John Deeken, MD, Associate Director of Clinical Research and Medical Oncology, ICCRI; Tim Sampson, Of Counsel, Walsh, Colucci,

Lubeley, Emrich and Walsh, P.C.; and Michael Forehand, Director, Advocacy and Community Outreach, Inova Health System, returned to the HCAB to answer follow up questions submitted by the HCAB and to provide additional detail on its proposal to expand its oncology program.

Bill Finerfrock noted that in Inova's follow up materials, any mention of Georgetown University's Lombardi Cancer Center was omitted; Inova did not address the HCAB's specific question about outmigration of care. Mr. Finerfrock observed that in an era of scarce resources and given the proximity of the Lombardi Cancer Center, about 12 miles away, the question of whether another cancer center is needed is a concern.

Dr. Deeken answered that it is difficult to track outmigration of care since most oncology services are provided on an outpatient basis. During Dr. Deeken's tenure at the Lombardi Center, he stated that one-third of his patients were from Northern Virginia. Traffic and parking were the greatest hardships among his patients, especially those requiring weekly chemotherapy and daily radiation treatments. Creating an environment to centralize physician care and combine oncology services would minimize the transportation burdens most patients experience in this area.

Dr. Deeken said these hardships would get worse before they get better. Cancer is a disease commonly associated with individuals aged 65-years and older, and the aging population means an additional 3,000 new cancer cases in Fairfax County. When asked to clarify the data source for its estimate, Leanne Sciolto explained that Inova used the National Cancer Institute's (NCI) statistics to extrapolate cancer incidence rates, age-adjusted, for Northern Virginia. According to Inova, their data analysis revealed that the growth in new cancer cases would increase by 32%, or 3,000 cases, by 2018. She concluded that cancer care is projected to become Inova's fastest growing service line.

Ms. Sciolto cited the Advisory Board Company's endorsement of centralized, multidisciplinary service models, or a "one-stop-shop." The ICCRI offers a multidisciplinary space where physicians come together and collectively make decisions about their patients' care plan. An integrated, multidisciplinary approach has been shown to increase patient outcomes, including survivorship. If Inova's application for the ICCRI is approved, it would make it the first mixed care model in Northern Virginia.

Ms. Sciolto also assured the HCAB that Inova is enhancing its existing, community-based hospital services. The HCAB had expressed concern about whether the ICCRI would negatively impact Inova's existing cancer services given the potential for duplication throughout the system. Ms. Sciolto stated that cancer treatments will be enhanced at all its hospitals, but that Inova will tailor services based on volume and need. Inova Fairfax Hospital's radiation oncology and infusion departments are slated for expansion and will be relocated to the new ICCRI building. The Inova Fair Oaks Cancer Center will be completed in Spring 2014, and Stereotactic Radiosurgery (SRS) will be added to Inova's Loudoun and Fairfax Hospitals.

With respect to the future Inova Fair Oaks Cancer Center, Ms. Sciolto said that the top level of the building will house the center combined with medical oncology and infusion. Radiation oncology will be located in the cellar. The middle floors of the building will serve as a traditional medical office building. While Fair Oaks will provide unified services, the hub of cancer care operations will be the ICCRI.

The benefit of the ICCRI is that the institute, in coordination with Inova's existing and future cancer centers, will deliver the full scope of traditional oncology services, providing care for those with common cancers, as well as those with rare, complex, and late stage cancers. Another advantage is that ICCRI will be a research center, conducting translational and clinical research in support of the entire system.

Inova's proximity to the Lombardi Cancer Center and the National Institutes of Health (NIH)/NCI will not limit its ability to procure research and/or grant-based funding. ICCRI will still be able to provide its patients with access to cutting edge clinical trials and new procedures.

Ms. Blum also noted Inova's response to the HCAB's question regarding facility fees, which Richard Magenheimer stated during July's mid-year budget meeting that Inova does not do as a matter of policy. Inova does charge a technical fee per CMS guidelines, recognizing that Inova provides services on a 24-7 basis. Also provided in Inova's written response was a status update on its charity care policy, which will be presented and voted on during its September 26 Board of Directors meeting.

Ann Zuvekas moved that the HCAB recommend that the Board of Supervisors support Inova's proposal to build the ICCRI. Ellyn Crawford seconded the motion. The motion carried: 6 – yes, 1 – no, 2 – abstain.

Temporary Health Care Shelters

At the June 4 Board of Supervisors meeting, the Department of Planning and Zoning (DPZ) sought authorization of a Zoning Ordinance Amendment to incorporate temporary health care structures as an accessory use to single family detached dwellings, mandated by the Virginia State Code in 2011 and amended in 2013. The BOS, with unanimous consent, directed the DPZ staff to reach out to the Health Care Advisory Board (HCAB) for input on the proposed amendment.

Cathy S. Belgin, Senior Assistant to the Zoning Administrator, DPZ, briefed the HCAB on the proposed amendment. Per the Code of Virginia, the state established the framework for temporary health care shelters, and local zoning ordinances must allow them by right. Fairfax County has received one request for a temporary health care shelter

A temporary family health care structure may be located only on property that is owned or occupied by the caregiver as his residence and zoned for and developed with a single family detached dwelling. The structure is small in size, limited to 300 square feet, and they are prefabricated, meaning they are constructed off site. There is no minimum square footage requirement, but Ms. Belgin stated that there are probably minimum standards for human occupancy within the Building Code and applicable to the temporary structures.

The structures are fixed to the ground, but they do not have a permanent foundation. Sewage, water, and electrical hook ups are required. More importantly, they are considered temporary structures. The idea behind these shelters is to give medical support to persons in need of such care but who do not want to live in a separate facility.

The caregiver must be related to the occupant requiring care by blood, marriage, or adoption or the legally appointed guardian of the person requiring care. In addition to being a resident of Virginia, persons requiring care must be mentally or physically impaired, which requires assistance with two or more activities of daily living and must be certified in writing by a physician licensed by the Commonwealth.

Fairfax County requires that certain information be submitted with the applicant's proposal, including a copy of the plat of the property. The County is allowed to charge a fee up to \$100 for local administrative review.

With respect to occupancy, temporary health care structures must be "removed from the property within 60 days of the date on which the temporary family health care structure was last occupied by a mentally or physically impaired person receiving services or in need of the assistance provided for in this section." Ann Zuvekas wanted to know if a person who met the criteria for a temporary health care structure, but subsequently was admitted for inpatient hospital, rehabilitative, or skilled nursing care exceeding 60 days, would still qualify as an occupant of the structure. An extended hospital stay or prolonged rehabilitation is not uncommon in individuals defined as "mentally or physically impaired" and requiring "assistance with two or more activities of daily living." The HCAB suggested clarifying how occupancy is interpreted and/or defined, or crafting an exception that would entitle an individual to continue living in the structure while he or she recuperates from surgery or an extended illness. Ms. Belgin said that she would discuss this concern with the County Attorney.

Dr. Yarboro also expressed concern about the narrowly defined relationship of caregiver. As constructed, the definition may exclude certain individuals from caring for an impaired or sick person with whom they may have a close, long-standing relationship outside of blood or marriage. Ms. Belgin suggested guardianship, but as several HCAB members pointed out, this option may not always be feasible or appropriate. Given that the definition of caregivers appears in the State Code, it is not

clear that the County will have any flexibility in modifying it, but Ms. Belgin agreed to review it with the County Attorney.

Ms. Belgin is working with the County Attorney on how best to document the Virginia residency requirement as some caregivers may be seeking to relocate a family member or loved one who currently resides out of state. A recent court decision determined that residence included an individual's intent to reside.

Rosanne Rodilosso asked about the enforceability of the amendment. Ms. Belgin stated that zoning inspectors can investigate any complaints that are made.

Ms. Blum said that temporary health care structures, colloquially known as "granny pods," are not aimed toward a universal audience. One company currently manufactures them and they are quite expensive.

HCAB members appreciated that the amendment included the vaguely worded "medical support" so as to allow for changes in technology and service delivery.

Ms. Belgin said that the amendment is scheduled for a public hearing before the BOS on Tuesday, September 24.

Bill Finerfrock moved that the HCAB send a memo to the BOS expressing its appreciation to Ms. Belgin and noting its two concerns regarding occupancy and the definition of caretakers. Francine Jupiter seconded. The motion carried unanimously.

School Health Update and Report on Health Promotion (HP) Program

Michelle Milgrim, Director of Patient Care Services, provided a brief update on the school health program, including the newly implemented Health Promotion (HP) Program. Fairfax's School Health Program was established in 1956 by a collaborative agreement between the Fairfax County Health Department and the Fairfax County Public Schools (FCPS). The goal of the school health program is to maximize the health potential of school-age children by providing health support services in the school setting. The school health program has expanded and evolved as the County has grown and the needs of the community have changed. Certain health activities are mandated in the Code of VA, but School Health Services, as a program, is not mandated in Virginia, therefore each school district develops its own service delivery model.

During SY 2012 – 2013, 180,522 students were enrolled in 196 school sites, an increase from 177,580 students enrolled in 194 school sites during SY 2011 – 2012. The student to nurse ratio is 1:3446, and an average of 4,279 students are seen in school health rooms each day.

Trends in school health show an increasing acuity among student's health care needs. There were 48,221 students, or 27% of FCPS' total student enrollment in SY 2012-2013, on the Medical Flag List, meaning they had a health condition that was managed by following standard protocol or a health care plan. 14,821 students were identified with a new health condition in SY 11-12 alone, with 58 percent of these students having a health plan in place within five days of notification.

The percentage of health care plans in place within five days declined during SY 11-12. The Implementation of Epinephrine Legislation, approved April 18, 2012 and amended Spring 2013, required that local school boards adopt and implement policies for the possession and administration of epinephrine in every school. This resulted in the need to provide Anaphylaxis and Epinephrine Response Training for 17,230 FCPS staff. Most of this training was completed between mid-August and the end of October 2012 – the same time that health care plans were being written and put into place.

During SY 2012-2013, approximately 300 Epi pens were administered to children with unknown allergies throughout the FCPS system. FCPS and the Health Department are in the process of reordering new pens.

In addition to the provision of direct health services, the Health Department has implemented a Health Promotion (HP) Program. As part of the HP Program, the Health Department employs eight Health Promotion Specialists, who are deployed to schools at the beginning of each school year to help with health screenings and identification of students' with medical conditions. With the remaining time, the HP PHNs work on the development and implementation of prevention programs.

The School HP program uses a coordinated school health approach as recommended by the Center for Disease Control and Prevention (CDC). The programs are evidence based and focused on kindergarten and primary grades, before and after school programs, and community partners and the parent/school community. Reduction in childhood obesity and an increase in healthy lifestyle choices among FCPS children are the goals of the program.

Some of the health promotion activities that the program took part in during SY 2012 – 2013 include:

- Participation in community outreach to over 1,800 parents and school staff in support of the "Living Fit" Grant
- Participation in and development of health promotion programs
 - FCPS Kindergarten curriculum
 - Implementation of Open Airways Program
- Development of Health Messaging "Toolkit"

On-going staff recruitment and training has also been a challenge. During SY 2012-2013 two Health Promotion Specialists left the program to raise a family and one moved out of the area. The Health Department is actively recruiting for two health promotion positions at this time.

The Living Fit grant is a three year grant received by the FCPS designed to improve the health and fitness literacy of students. During January – June 2013, the Health Promotion team worked closely with the Living Fit grant coordinator and participated in community events with about 1,800 parents, students, staff and other members of the community. Information presented included:

- Reducing consumption of sugary drinks and making healthy drink choices.
- Hand washing to prevent the spread of communicable disease.
- Healthy Nutrition, increasing awareness of sugar and salt in foods and drinks.
- Food Safety in handling, preparing and storing food.
- Healthy Foods/Plate - Increase awareness of salt/sugar content.
- Shopping for healthy foods on a budget.

While the Kindergarten health curriculum is developed by FCPS, kindergarten teachers may not always have the time to teach this portion of the curriculum. HP nurses worked closely with the SH PHN (Care Coordination Specialist) to roll out the program at eight Living Fit schools. Both the Kindergarten teacher and school principal were involved in the process. Over 1,610 Kindergarten students participated at 7 schools. Popular classes taught were Healthy Habits, the Five Senses and Healthy Foods.

From Spring 2011 through June 2013, School Health Nurses collected data (height and weight) off the school physical form for children entering Kindergarten. Students' BMI was calculated from those measurements. Data from 62% of the total kindergarten enrollment is being analyzed. Results will be shared with FCPS. It is the Health Department's hope that it will be able to collect BMI on these children once they enter the third grade, but the agency needs approval from FCPS (submit a research proposal) first.

The Health Department also developed "Tool Kits" of Resources for Parent Newsletters, School Posters, Morning Announcements, available online at <http://www.fairfaxcounty.gov/hd/schoolhealth/toolkit.htm>. These tool kits deliver consistent messages, education, and information about healthy behaviors that can improve the health of school students and decrease the increase of obesity. It was strongly recommended that these messages be provided as apps to take advantage of the growing use of tablets among kids, or posted to Blackboard.

Mr. Finerfrock suggested that the Health Department work with local universities and post-secondary programs to make the nexus between education and public health, such as how to talk about health promotion and prevention efforts. Educators and

administrators should be trained in how to talk about public health issues with their students. Ms. Milgrim agreed this was a great idea.

The HP Program presented the American Lung Association's evidence based program, "Open Airways for Schools," to select students with Asthma. Students were selected at six elementary schools with frequent health room visits for asthma symptoms and frequent use of rescue inhalers. This five week program engaged 54 students and ended in June 2013.

At the end of the program, a parent survey indicated that 97% of parents would recommend this program to other parents of children with asthma. Because this program ended in June, right before the children left for summer break, the Health Department decided to conduct its program evaluation during September – November of this school year.

For the children offered the Open Airways Program, the number of clinic visits for asthma like symptoms and the number of times the student used his/her rescue inhaler will be collected. It is anticipated that the evaluation will reveal better asthma control among students receiving the intervention. This program will be offered to additional students this coming school year.

HCAB members expressed caution in interpreting evaluation results, due to confounding variables (e.g., severity of seasonal allergens) that have nothing to do with the success of the intervention. Due to the number of exogenous variables, an effective program evaluation would need to be conducted over a long period of time or be carefully controlled – matching student characteristics while providing the intervention to one group but not another. Ms. Milgrim acknowledged the limitations of the Health Department's analysis, and agreed that moving forward, a more rigorous evaluation should be incorporated into the HP work plan.

The Fairfax County Human Services system has adopted the Results Based Accountability (RBA) approach to measure impact across the system, foster joint accountability, and collectively strengthen programs and services. The guiding principle for the RBA way of looking at programs is "Is anyone better off?" The HP program has adopted these results based accountability outcomes as part of its program evaluation:

- Percentage of students who demonstrate knowledge of healthy behaviors as a result of health promotion activities using post participation tests (e.g., create a healthy plate of food, show how to brush teeth, etc.).
- Percentage of school staff, parents, and guardians who report increased knowledge as a result of health promotion activities using post participation tests (e.g., "As a result of the information presented, I will increase my servings of fruits and vegetables in my family meals." (Rating Scale 1 – 5)).

- Percentage of school staff who report confidence in their ability to manage students' health conditions as a result of training using a post participation test. (e.g., "After completing the demonstration of Epinephrine, I would be able to administer the medication." (Rating Scale 1 – 5)).

Last, the School Health Program has initiated a Process Improvement for Care Plan Development and Implementation with the goal of streamlining the assessment and health plan development process, developing a communication plan to inform FCPS staff of student health needs, and harnessing available technology to support assessment/planning process and improve communication with parents and school staff. The Agency's Electronic Health Record should also identify and support data collection and documentation needs for the School Health Program.

TB Update

Dr. Gloria provided an update on the Health Department's tuberculosis (TB) contact investigation that was initiated at Robert E. Lee High School in June after three individuals in the school were diagnosed with active TB disease. When conducting a TB contact investigation, the Health Department uses a "Ring Approach," which examines a number of exposure criteria, including the infectiousness of the index patient, a contact's proximity to the index patient, the size of the environment, air flow, etc. In any contact investigation, the goal is to identify who's been exposed, where/how transmission occurred, treatment to those affected, and prevention of further disease.

At the beginning of the investigation, 430 people were included in the exposure category. However, due to heightened sensitivity among the media and the community, as well as higher-than-expected skin test positivity rates among those tested, the Health Department decided to expand the investigation to include all Lee High School students, faculty, and support staff. To date, the Health Department has tested 63 percent of over 2,000 contacts. As expected, there were some positive skin tests; however, no new cases of active TB disease have been identified.

The Health Department provided a number of testing opportunities at the school throughout the summer. However, given the number of students and faculty who have not yet been tested or who require a second skin test, the agency will conduct a third round of TB testing during the school day the week of September 16.

The Health Departments continues to use the Incident Command System (ICS) for this investigation. A call center has remained open throughout the summer in order to field inquiries from affected parents and faculty and has recently made additional calls to individuals who have not yet been tested to encourage them to take advantage of the upcoming in-school testing opportunity. A tremendous amount of resources have been focused on this investigation, and the Health Department is documenting the costs of staff and resources that are being used. The Health Department is also in

communication with 360 students who are no longer at the school (i.e., moved out of the area, transferred, dropped out, graduated, etc.).

Other Business

Discussion of 2014 HCAB Work Plan. A report on Medicaid expansion will be deferred from October to the November or December meeting when more information becomes available. Sherryn Craig will also reach out to Peyton Whiteley with the Virginia Poverty Law Center for an update on the Navigator Program. Rose Chu will provide an update on CHCN Specialty Care at the October meeting. Michael Forehand agreed to schedule an update on Inova's PACE expansion for either October or November. Bob Eiffert and Shauna Severo will return to the HCAB to discuss the findings of the Senior Services Study. Ms. Zuvekas suggested a presentation in late spring that would discuss the effect of the Affordable Health Care Act and Medicare Consolidation on health care pricing. *Fairfax County 50+ Safe & Healthy Community Subcommittee.* Judith Beattie has agreed to represent the HCAB on the Fairfax County 50+ Safe & Healthy Community Subcommittee, which is being chaired by Bob Eiffert. *Long Term Care Utilization and Demographics.* Shauna Severo provided the information that the HCAB requested regarding utilization of long term care services and the projected increased demand.

There being no further business, the meeting adjourned at 9:41 pm.